

# Business Credential Application

**Remit to:**  
**State of Wisconsin**  
**Department of Commerce-Credentialing**  
**P.O. Box 78780**  
**Milwaukee WI 53293-0780**  
*Phone (608) 261-8500*  
*TDD #: (608) 264-8777*  
*7:45 a.m. - 4:30 p.m.*

**THE CREDENTIAL WILL NOT BE  
PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

**Instructions:** Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The contact person for a business credential must be the owner of the business, a partner applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of a corporation. The business FEIN number or contact person social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the contact person swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

Contact Person's Signature	Date (mo/day/yr)	Contact Person's Title																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Business Information</b></td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">Federal Employer Identification Number (FEIN):</td> </tr> <tr> <td colspan="2">Business Name:</td> </tr> <tr> <td colspan="2">No. &amp; Street, or P.O. Box:</td> </tr> <tr> <td colspan="2">City, Town or Village, State, Zip + 4 Code:</td> </tr> <tr> <td colspan="2">Country, If Other Than United States:</td> </tr> <tr> <td colspan="2">Business Telephone No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Business Fax No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Business Internet Address:</td> </tr> <tr> <td colspan="2"> <p>We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.</p> </td> </tr> </table>	<b>Business Information</b>		Federal Employer Identification Number (FEIN):		Business Name:		No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Business Telephone No. (include area code):		If Available, Business Fax No. (include area code):		If Available, Business Internet Address:		<p>We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Contact Person Information</b></td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2">Contact Person's Social Security No:</td> </tr> <tr> <td colspan="2">Contact Person's Name (First, Middle and Last):</td> </tr> <tr> <td colspan="2">Home Address No. &amp; Street, or P.O. Box:</td> </tr> <tr> <td colspan="2">City, Town or Village, State, Zip + 4 Code:</td> </tr> <tr> <td colspan="2">Country, If Other Than United States:</td> </tr> <tr> <td colspan="2">Home Telephone No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Home Fax No. (include area code):</td> </tr> <tr> <td colspan="2">If Available, Home Internet Address:</td> </tr> </table>	<b>Contact Person Information</b>		Contact Person's Social Security No:		Contact Person's Name (First, Middle and Last):		Home Address No. & Street, or P.O. Box:		City, Town or Village, State, Zip + 4 Code:		Country, If Other Than United States:		Home Telephone No. (include area code):		If Available, Home Fax No. (include area code):		If Available, Home Internet Address:		
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## ELECTRICAL CONTRACTOR CERTIFICATION

**Application and Credential Fee (nonrefundable): \$235.00**

class code 7631

Make checks payable to: Department of Commerce. The fee consists of a \$35 application fee and a credential fee of \$200. The \$200 credential fee has been prorated because the credential expires on a specific date. The credential will be effective for 4 years from

June 30<sup>th</sup>. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

**Reason for Credential:** A person who holds a credential issued by the department as a certified electrical contractor, certified electrical contractor-restricted, certified master electrician, certified journeyman electrician or certified beginning electrician may perform electrical construction work in a municipality which requires licensure to perform electrical work pursuant to s. 101.87 (2) to (4), Stats., and in accordance with local ordinances. Chapter Comm 5 establishes a statewide certification of electricians in various classes, master, journeyman and beginning, recognizing their knowledge and abilities. When an electrician certification is required and what category of certification is needed are determined by individual municipalities. See s. 101.87 (2) and (4), Stats., relating to municipal requirements for electrical contractors.

**Requirements of Credential:** No person may advertise as a certified electrical contractor, certified master electrician, certified journeyman electrician or certified beginning electrician unless the person holds the appropriate credential.

Pursuant to s. 101.87, Stats., a person who holds an electrical contractor certification shall be a certified master electrician or employ one or more certified master electricians.

Wis. State Master Electrician License Number	Print Name	Signature

For any electrical installation that requires a uniform building permit under s. Comm 20.08, a person who holds an electrical contractor certification may not commence installation of electrical wiring until a permit is issued for the installation.

**Qualifications for Credential:** Pursuant to s. 101.87 (1), Stats., a person applying for an electrical contractor certification shall provide all of the following:

- Their social security number.
- Their worker's compensation number.
- Their unemployment insurance account number.
- Their state tax identification number.
- Their federal tax identification number.
- The name and address of each partner or member if they are partnerships or limited liability companies, of the owner if they are individual proprietorships and of the officers if the companies are corporations.

**Fill** in the social security number of the applicant on the front of this form. **Fill** in the worker's compensation number, unemployment insurance account number, the state tax identification number and the federal tax identification number or the reason why the information is not provided in the table below:

Worker's Compensation Number:	State Tax Identification Number (State Employer Number):
Unemployment Insurance Account Number:	Federal Tax Identification Number:

**Fill** in the names and addresses for owners, partners, members and officers in the table below (use additional sheets of paper if necessary):

Name and addresses of (check one):	<input type="checkbox"/> Partners or members of partnerships or limited liability companies
	<input type="checkbox"/> Officers of Corporations
	<input type="checkbox"/> Owner of individual proprietorship

